AN INTERVIEW GUIDE FOR
HUMAN RESOURCES DATA SYSTEMS

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CONTENTS

Name of interviewer(s): _____

Interview date: _____

Program name: _____

Names, titles, and telephone numbers of program employees attending the session:

Name	Title	Phone #
_____		_____
_____		_____
_____		_____
_____		_____

The data in this module corresponds to fiscal year:____/____/____ to ____/____/____

                                                Month   Date   Year   Month   Date   Year

> Throughout the data collection process, please answer all questions as they pertain to the treatment program for the above fiscal year (henceforth referred to as "the fiscal year").

For fiscal year: _____/_____/_____ *to* _____/_____/_____

                           Month   Date   Year   Month   Date   Year

NOTE: PROJECT SUMMARY AND INTRODUCTION. TO BE PROVIDED BY INDIVIDUAL GRANTEES.

A. GENERAL QUESTIONS

WE'D LIKE TO START BY ASKING YOU SOME GENERAL QUESTIONS ABOUT THE MANAGEMENT INFORMATION SYSTEM (MIS) AT [**organization name**].

A1. _____ DOES YOUR MIS CONSIST OF A SINGLE DATA SYSTEM, OR MULTIPLE DATA SYSTEMS? ARE ALL OF THE SYSTEMS COMPRISING YOUR MIS LINKED TO EACH OTHER? ARE YOU FAMILIAR WITH ALL DATA SYSTEMS COMPRISING YOUR MIS? _____

_____

_____

A2. _____ WHAT SOFTWARE DO YOU USE TO MAINTAIN YOUR MIS (E.G., MS ACCESS, DBASE, SAS, MS EXCEL, OR CUSTOM SOFTWARE)? _____

_____

_____

A3. _____ DO EMPLOYEES ENTER THE DATA DIRECTLY INTO A COMPUTERIZED DATABASE, OR DO DATA ENTRY PERSONNEL ENTER DATA FROM HARD COPY FORMS? _____

_____

_____

A4. _____ ARE MOST DATA UPDATED ON A REGULAR BASIS? ARE THERE ANY DATA THAT DO NOT GET UPDATED FOR SOME REASON? _____

_____

_____

A4._____ DO
YOU HAVE EXPERIENCE CREATING DATA FILES OR DATA EXTRACTS
FROM YOUR MIS? BY A DATA EXTRACT, WE MEAN WRITING ALL
RECORDS FOR A GIVEN INDIVIDUAL TO AN ELECTRONIC FILE, NOT
CREATING A REPORT SUMMARIZING ACTIVITY FOR A GROUP OF
EMPLOYEES. _____

_____

_____

A5._____ IF
YOU WERE TO PROVIDE US WITH A DATA FILE, WHAT TYPE OF FILE
COULD YOU PROVIDE US (E.G., BLOCK ASCII, MS EXCEL, DBASE)?

_____

_____

For fiscal year: _____/_____/_____ to _____/_____/_____
                  Month Date Year   Month Date Year

A6._____ IS
YOUR MIS YEAR 2000 COMPLIANT? IF NOT, WHAT PROBLEMS OR
CHANGES TO DO YOU ANTICIPATE OCCURRING BETWEEN NOW AND THE
YEAR 2000?_____

_____

B. CONFIDENTIALITY – EMPLOYEE IDENTIFYING INFORMATION

BECAUSE OF THE SENSITIVE NATURE OF OUR DATA REQUEST, WE WANT
TO BE SURE THAT WE PROTECT THE CONFIDENTIALITY OF THE INVOLVED
EMPLOYEES. SO NOW WE'D LIKE TO ASK YOU SOME QUESTIONS ABOUT
PATIENT IDENTIFYING INFORMATION AND CONFIDENTIALITY ISSUES.

B1.
_____ PAR
T OF OUR RESEARCH REQUIRES THAT WE RECEIVE EMPLOYEE LEVEL
DATA FROM YOU AND MERGE THAT WITH EMPLOYEE LEVEL DATA FROM
OTHER SOURCES. IN ORDER TO DO THIS, WE NEED TO USE A PATIENT
IDENTIFIER THAT UNIQUELY DISTINGUISHES ONE EMPLOYEE FROM
ANOTHER. THE EMPLOYEE'S SOCIAL SECURITY NUMBER MIGHT BE AN
EXAMPLE OF SUCH AN IDENTIFIER. CAN YOU PROVIDE US WITH SUCH
AN IDENTIFIER? WHAT DO YOU CALL THAT IDENTIFIER? _____

_____

_____

B2. _____ WHAT ASSURANCES OF CONFIDENTIALITY DO YOU REQUIRE TO RELEASE THIS IDENTIFIER TO US?

_____

_____

_____

C. DATA AVAILABILITY

NEXT, WE'D LIKE TO ASK YOU SOME QUESTIONS ABOUT THE AVAILABILITY OF CERTAIN BROAD TYPES OF DATA. BY AVAILABILITY, WE MEAN THAT YOU WOULD BE ABLE TO PROVIDE US WITH THE DATA IN AN ELECTRONIC FILE.

C1. _____ AN IMPORTANT PART OF UNDERSTANDING YOUR MIS IS UNDERSTANDING HOW OFTEN DATA ENTERS YOUR MIS. FOR THOSE DATA GET UPDATED, HOW OFTEN ARE THEY ENTERED INTO YOUR MIS? ARE SOME DATA UPDATED AT DIFFERENT INTERVALS THAN OTHERS (E.G., ANNUAL VERSUS MONTHLY UPDATES)? _____

_____

_____

_____

For fiscal year: _____/_____/_____ *to* _____/_____/_____
Month   Date   Year   Month   Date   Year

C2.

_____ ANOTHER IMPORTANT ASPECT OF UNDERSTANDING YOUR MIS IS UNDERSTANDING HOW THE DATA ARE MAINTAINED. WHEN DATA ARE UPDATED, ARE THE OLD VALUES STORED IN AN HISTORICAL DATABASE, OR ARE THEY OVERWRITTEN BY THE NEW DATA? _____

_____

_____

MANY DATA ITEMS, SUCH AS TOTAL GROSS PAY, ARE OFTEN MAINTAINED ONLY AS CUMULATIVE YEAR-TO-DATE VALUES. FOR ANY DATA THAT YOU MAINTAIN AS YEAR-TO-DATE VALUES, IS THE PREVIOUS YEAR-TO-DATE VALUE OVERWRITTEN EACH TIME THE FIELD IS UPDATED? _____

_____

_____

C3. FINALLY, WE'D LIKE TO FIND OUT HOW OFTEN YOU COULD TRANSFER DATA TO US. WE'D LIKE TO GET DATA OFTEN ENOUGH TO CAPTURE IMPORTANT CHANGES IN AN EMPLOYEE'S JOB PERFORMANCE, BUT NOT SO OFTEN AS TO BE AN UNDUE BURDEN ON YOU. CAN YOU PROVIDE US WITH DATA ON *specific* EMPLOYEES ON A MONTHLY, QUARTERLY, OR ANNUAL BASIS?

A) MONTHLY _____

B) QUARTERLY _____

C) ANNUALLY _____

IF NOT, WHAT LEVEL OF DATA CAN YOU PROVIDE US? _____

_____

_____

D. HISTORICAL RECORDS

AN IMPORTANT PART OF UNDERSTANDING EMPLOYEES' CURRENT JOB PERFORMANCE IS UNDERSTANDING THEIR PAST JOB PERFORMANCE. THUS, WE'D LIKE TO COLLECT HISTORICAL DATA GOING BACK AT LEAST 5 YEARS.

D1. _____ DOES YOUR CURRENT DATA SYSTEM INCLUDE HISTORICAL INFORMATION FOR THE LAST 5 YEARS?

    A) YES. DOES YOUR DATA GO BACK EVEN FARTHER? HOW FAR BACK?

    _____

    B) NO. HOW FAR BACK DOES YOUR DATA GO? _____

D2. _____ ARE THERE ANY REASONS WHY SOME HISTORICAL DATA MAY BE LOST BETWEEN NOW AND THE START OF ANY DATA COLLECTION, BECAUSE OF ROUTINE OR PERIODIC DATA PURGES, FOR EXAMPLE? _____

_____

_____

For fiscal year: _____/_____/_____ *to* _____/_____/_____
                        Month Date Year   Month Date Year

D3. _____ ARE CUMULATIVE DATA (E.G., YEAR TO DATE DATA) MAINTAINED HISTORICALLY, OR ARE THEY RESET AT THE BEGINNING OF EACH PERIOD? _____

_____

_____

_____

E. AVAILABLE DATA FIELDS

NOW WE'D LIKE TO ASK YOU ABOUT THE AVAILABILITY OF SPECIFIC DATA FIELDS. WHICH OF THE FOLLOWING DATA ELEMENTS DO YOU HAVE?

Employee Demographic Data

Data Variables	Available Electronically?	Notes
DATE OF BIRTH		
SEX		

RACE/ETHNICITY		
EDUCATION		
MARITAL STATUS		
DIVISION OR DEPARTMENT		
JOB TITLE OR OCCUPATION		

For fiscal year: _____/_____/_____ *to* _____/_____/_____
Month   Date   Year   Month   Date   Year

Employee Demographic Data Continued

Data Variables	Available Electronically?	Notes
YEARS WITH COMPANY		
WAGE OR SALARY		
EMPLOYEE'S WORKSITE FOR MULTI-SITE FIRMS		
EMPLOYEE'S HEALTH INSURANCE PLAN		

Employee Performance Data

Data Variables	Available Electronically?	Notes
DAYS OR HOURS ABSENT DUE TO ILLNESS		
DAYS ON LEAVE WITHOUT PAY		
DAYS OR HOURS OF UNEXCUSED ABSENCES		
DAYS OR HOURS LATE FOR WORK		

For fiscal year: _____/_____/_____ *to* _____/_____/_____

Month   Date   Year   Month   Date   Year

Employee Performance Data Continued

Data Variables	Available Electronically?	Notes
FORMAL WARNINGS FOR POOR PERFORMANCE		
PROBATIONARY PERIODS		
PROMOTIONS OR DEMOTIONS		
NUMBER OF GRIEVANCES		

TERMINATION DATE		
TERMINATION REASON		
NUMBER OF ON-THE-JOB ACCIDENTS OR INJURIES		
NUMBER OF VEHICULAR ACCIDENTS		
DOLLAR VALUE OF DAMAGE TO VEHICLE OR OTHER EQUIPMENT		

For fiscal year: _____/_____/_____ to _____/_____/_____

Month   Date   Year   Month   Date   Year

Employee Performance Data Continued

Data Variables	Available Electronically?	Notes
HOURS OR DAYS AWAY FROM WORK AS A RESULT OF ACCIDENTS OR INJURIES		

RESTRICTED DUTY DAYS AS A RESULT OF ACCIDENTS OR INJURIES		
DOLLAR VALUE OF WORKER'S COMPENSATION CLAIMS		

TO BETTER UNDERSTAND THE DATA WE'VE JUST DISCUSSED, WE'D LIKE TO EXAMINE A TEST FILE CONTAINING THE DATA ITEMS LISTED ABOVE. PLEASE SEND US A TEST FILE WITH THESE DATA ITEMS FOR APPROXIMATELY 100 CASES. THIS TEST FILE IS THE BEST WAY FOR US TO VERIFY OUR UNDERSTANDING OF YOUR DATA SYSTEM. COULD YOU PLEASE SEND THIS TEST FILE TO US AT THE FOLLOWING ADDRESS?

GRANTEE CONTACT
ADDRESS LINE 1
ADDRESS LINE 2
ADDRESS LINE 3

DO YOU HAVE ANY QUESTIONS REGARDING THIS TEST FILE?

_____

_____

F. TRANSFERRING DATA

FINALLY, WE'D LIKE TO ASK SOME QUESTIONS ABOUT TRANSFERRING THE DATA FROM [**organization name**] TO US. BECAUSE THE DATA FILES WE ARE REQUESTING MAY BE LARGE, WE WOULD PREFER TO RECEIVE COMPRESSED DATA FILES ON A SINGLE ELECTRONIC MEDIUM SUCH AS TAPE OR CD-ROM.

F1. COULD YOU WRITE THE DATA FILES TO TAPE OR DISKETTE? IF SO, PLEASE LIST ALL FORMATS FOR BOTH TAPE AND DISKETTE (E.G., 8-MM TAPE OR 3.5" DISKETTE). PLEASE INCLUDE CD-ROM IF YOU CAN WRITE DATA TO THAT MEDIUM. _____

_____

_____

F2. COULD YOU SEND US A COMPRESSED DATA FILE? IF SO, WHAT THE FILE COMPRESSION UTILITY YOU WOULD USE (E.G., PKZIP, MICROSOFT BACKUP, ETC.)? _____

_____

_____

TO FACILITATE OUR UNDERSTANDING OF YOUR DATA SYSTEM, WE'D LIKE TO SEE A PRINTED LIST OF ALL DATA FIELDS AVAILABLE ON YOUR MIS (INCLUDING DEFINITIONS OF THOSE FIELDS AND DEFINITIONS OF ANY CODES USED). COULD YOU PLEASE INCLUDE THIS LIST WITH THE TEST FILE WE DISCUSSED ABOVE? DO YOU HAVE ANY QUESTIONS CONCERNING THIS INTERVIEW, THE TEST FILE, OR THE LIST OF AVAILABLE DATA FIELDS THAT WE'VE REQUESTED?

_____

_____

THANK YOU FOR YOUR TIME. THIS INTERVIEW HAS BEEN VERY HELPFUL.

COMMENTS SPACE

_____

_____

_____

_____

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_____

_____